room six hours after the completion of the operation, for the purpose of opening the windows. Within a quarter of an hour or more the air can be breathed, but should the room be again closed the formal which has impregnated the walls will be disengaged and the air will again become irrespirable. It is better, then, to allow a current of air to circulate through the apartment for twenty-four hours; at the end of this time the odor will have completely disappeared. In case of necessity, an aëration of four hours will be sufficient to render the room habitable.—*Les Nouveaux Remèdes*, 1895, No. 10, p. 219.

MEDICINE.

UNDER THE CHARGE OF

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DISPLACEMENTS OF THE LIVER.

GRAHAM (*Canadian Practitioner*, June, 1895) states that within certain limits the liver is freely movable, and that in women with pendulous abdomens it may descend one inch below its normal position without causing any unpleasant symptoms. Cases with marked undoubted displacement of the liver are rare, however.

A short account of the literature on the subject is given, also a representation of Heister's remarkable case, published in 1754, in which the normal transverse diameter of the liver had become practically vertical. In 1892 Faure published fifty-four cases collected from the literature. Since then several others have been reported, and these have been collected, making a total of seventy cases, which are given in tabulated form.

The author is of the opinion that the recorded cases might be divided into two classes: (1) the wanderleber of the Germans, fegato ambulante of the Italians, floating liver, a condition found in women with pendulous abdomens, usually after frequent childbearing; (2) cases in both males and females in which the causes of displacement are varied.

Floating liver is a comparatively rare condition, any marked degree of mobility of this organ being prevented by the number and strength of its ligaments. The ligaments are in all probability of sufficient strength to carry the full weight of the liver without the aid of the abdominal wall. This the writer has demonstrated in the majority of a series of experiments on the cadaver, the details of which are given. The strength of the ligaments of the liver are further shown by the results of several experiments which Faure conducted, in which he found that it took a weight twenty-five times that of the liver in order to rupture them.

Graham reports three cases which occurred in his practice, one of which illustrates well the great relief to the symptoms produced by hepatic displacement by the use of a properly applied abdominal support. In this case relative hepatic dulness did not begin till the seventh rib in the mammillary line was reached, and the lower border of the liver was distinctly palpable two inches below the umbilicus. The patient complained of a weight in the abdomen, dyspnœa, and was very cyanotic. These symptoms were relieved by an abdominal bandage, always returning whenever it was removed.

Winkler is quoted as giving the following causes for hepatic displacement, one acting in succession to the other: (1) Pregnancy of full term; (2) pendulous abdomen; (3) hepar pendens; (4) stretching of the ligaments; (5) tearing and twisting of the suspensory ligaments. Rapid emaciation and disappearance of the abdominal fat are considered by Landau as causes of displacement. Other etiological factors which have been mentioned are coughing, sneezing, vomiting, and tight-lacing, the latter, however, tending more to produce a change in form rather than a change in position of the organ. Repeated pregnancies in women, producing pendulous abdomens, seem to be an important etiological factor. Of the cases recorded a synopsis shows that males and females are affected in the proportion of one to four. Displacement comes on later in life in females than in males.

The symptoms usually complained of by patients are a feeling of weight in the abdomen and a dull pain on exertion. A few instances have been recorded with a sudden onset of symptoms, which were those practically of shock. Other symptoms which have been noted are dyspnœa, cyanosis, nausea, vomiting, and, in some cases, jaundice. An examination of the abdomen should show the presence of a tumor, which can be easily felt and which resembles the liver in size, shape, and consistence. There should be tympanitic resonance over the area where hepatic dulness normally exists.

The conditions for which a floating liver is most likely to be mistaken are typhlitis, ovarian cyst, movable right kidney, and hydronephrosis. The former condition should be distinguished by the following points: (1) The tumor having an upper smooth surface and a sharply defined anterior border and notch; (2) tympanitic resonance over the normal area of liver-dulness; (3) possibility of partial or complete replacement, when dulness will be found in the normal area.

Greatest relief to the symptoms seems to have been obtained by the use of a properly applied abdominal support. Cases of operation with recovery are reported.

BACTERIA IN THE HEALTHY NOSE.

THOMSON and HEWLETT in a recent paper demonstrate the fallacy of the generally accepted idea that the healthy nasal cavity is rich in microorganisms.

The authors made no attempt to differentiate the varieties of organisms found, but simply considered their number.

In making their research they differentiate between the vestibule, which is lined by skin and contains hairs and sudoriparous and sebaceous follicles, and the nasal cavity proper, which is lined by mucous membrane.